

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>u. G.</i>		10/11/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>E. X.</i>	66195	10/12/99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
..... Allowed      I ..... Interference  
(Through numeral)..... Canceled      A ..... Appeal  
..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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